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CIRCULAR.

TRENTON, Feb. 15, 1882.

The observations of Sanitarians in other countries and in a few of our States have led to the belief that the occurrence and the fatality of many diseases depends much upon geological structure, soil, topography, elevation and exposure, rain-fall, relations to seas or other bodies of water, density of population, and other local conditions not determined by the latitude or longitude of the locality. Thus districts, or even small precincts, have their climate, which bears relations to the vitality of the people and governs the causes and courses of disease. It is for this reason that sanitary survey and topography have attracted the attention of the National Government, and may well concern a State which presents diversities already so recognized by common observation as to have led to preferences and selections of resorts in adaptation to different kinds and phases of diseases. While these general observations are valuable, it is only by the close and confirmatory observations of experts and the tabulation of closely noted facts that we arrive at well-sustained conclusions. It is fortunate for this State that its geology and topography are so well mapped as to afford an excellent basis for this kind of observation. After a conference with Prof. George H. Cook, the State Geologist, this Board found it feasible to supply at original cost a sufficient number of maps to a sufficient number of observers to make this kind of observation practicable. It is proposed, in connection with medical societies and other scientific societies or individual observers in the State, to place this map in the hands of some chosen observer, who, up to the year 1885, will collect from the township or city in which he resides such data as shall enable him to estimate the relation of his particular locality to disease. The areas chosen will be townships and cities, and, of the larger cities, wards, or some more natural divisions, with a map of reference pointing out the relations of each locality, with the facts from time to time furnished by our reports and vital and meteorological data, we shall hope to give fixedness of attention and uniformity of system to the observations. Much will depend upon the choice of an

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observer who is painstaking, and who has some skill in accurate methods of observation.

He would first study with care the locality with which he has to deal in all its tellurial conditions. He would inquire how it varies as to degrees and moisture, how far the wells and river beds indicate its usual and varying water level; how the relations of valley, hills and bodies of water effect the degree of heat it receives and how prevailing winds indicate its local changes or result from its adjacent relations.

He would seek from the assessor or city clerk the deaths in the district, with age, date and place of residence in order to see whether for these years the relations of these to the general or precise locality could be discovered, and note explanatory views. To some degree as in rheumatism or consumption he would seek to know how far locality produced or influenced the progress of the malady. If a part of his township or ward had marked diversity from that in which he lived or over which he rode he would select some careful observer to afford such information as appertained to his valley or hill, or water front. Often a few questions at the meetings of medical men would aid to give precision, in place of the casual impressions too apt to be accepted from a very few cases. The laws of locality thus become informatory as to disease. If for instance every house in a township could give the history of every case of disease that has occurred in it the last fifty years and one skilled in etiology and classification could handle the data, he would come to know what significance to give to cases and learn from them to unridle causes far better if he can be a living witness and investigator, and so have sources for comparing and correcting observations. Thus not only the records of death, but of disease and the personal experience of local practitioners is secured. A map can be had by each president or reporter of a county or city society, as the property of the society, in order that views may be compared. A physician who has lived and practiced many years in one locality and whose note books can remind him with exactness of cases and circumstances, has really very much information as to climatic or other local causes which he can give and which ought not to die with him.

Short notes made at the end of each month as to its characteristics and diseases, and summed up at the end of each year,

would aid much in the final summary. So soon as a full list of observers is secured, a very brief yearly report will be asked so as to assure a full return at the end of the period. For the small expense incurred in correspondence, it is hoped provision will be made. As localities and the methods of individual observers are so diverse no precise form will be given unless asked for. The design is rather to get the mature judgment of the observer, formed in his own way, except that it should depend upon the careful study and analysis of closely noted facts and be formed on expert and continued investigations and reflections. It should be the observation of precise methods rather than the promiscuous methods of unskilled observers. We hope by the time of the semi-decennial census to be able to get a sufficient number of data to give valuable guidance. The effort is to get in connection with vital returns, the personal testimony of some competent observer. That experience is most valuable which either by statistical or other methods classifies knowledge and so has breadth of view and system of analysis in making conclusions.

When the physicians of any locality come to study accurately the deaths of each year, the diseases of each year, to compare vital statistics with their own observations, when they acquire the habit of being observers on a system to such a degree that their conclusions are arrived at not as hasty generalizations or from a few recent cases, but as the record of an analyzed experience, we always secure most valuable facts as to public health and the prevention of disease. Carefully collected statistics and carefully collated experience, are the two factors of information upon which the State care of the health of the population must rely. We therefore ask societies and individuals to aid in this work, and all the more, because it is not less vital to the progress and success of medical science and art, than it is to social and sanitary progress. Any physician who thus on a system files away his observations each three or six months, will have no difficulty at the close of each year, or at longer periods, in furnishing valuable data as to the diseases of his locality and suspected impairments to the general health.

By order of the Board.

EZRA M. HUNT, M. D.,
Secretary.

